

MISSOURI DIVISION OF HEALTH - DEPARTMENT OF PUBLIC HEALTH AND WELFARE

XC-1140 385

SL 30018

-62-048212

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

12199

STATE FILE NUMBER

FILED JAN 2 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN

915 N. Grand, St. Louis, Mo.

Length of stay in 1b

3 days

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION

VET. ADM. HOSPITAL

Inside Limits

Yes ☒ No ☐

c. CITY

OR
TOWN

Overland

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)
10569 Decker Avenue

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

WILLIAM

Middle

H.

Last

BRUSH

4. DATE

OF DEATH

Month

December

Day

17

Year

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9/30/92

9. AGE (last birthday)

70

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done

during most of working life, even if retired)

Transportation Supervisor

10b. KIND OF BUSINESS OR INDUSTRY

School District

11. BIRTHPLACE (City and state or country)

O' Bion Co., Ohio

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Joseph Brush

13b. MOTHER'S MAIDEN NAME

Leona Bailey

14. NAME OF HUSBAND OR WIFE

Jessica Brush

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

Yes

WW-1

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Jessica Brush (Wife), Same add. as 2.

18. CAUSE OF DEATH (Enter only one cause per line

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

PNEUMOCOCCAL MENINGITIS

INTERVAL BETWEEN

ONSET AND DEATH

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY

PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF

INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

12:55 A. M.

to

12/17/62

and last saw him alive on

12/17/62

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

JOSEPH SCHAEFER, M.D.

22b. ADDRESS

VAH, St. Louis, Mo.

22c. DATE SIGNED

12/17/62

23a. BURIAL, CREMATION,

REMOVAL (Specify)

23b. DATE

12-20-62

23c. NAME OF CEMETERY OR CREMATORY

MEMORIAL PARK

23d. LOCATION (City, town, or county)

ST. LOUIS CO. MO.

24. FUNERAL DIRECTOR

ADDRESS

BAUMANN BROS. INC. 2500 WOODSON RD.

FUNERAL HOME

OVERLAND 14 MO.

25. DATE RECD. BY LOCAL REG.

DEC 19 1962

26. REGISTRAR'S SIGNATURE

E. A. Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

R. C. Gibson

Licensed Embalmer No.

3454

P. O. Address

St. Louis 14 Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.